## Please check one category: O Human Dignity topic O Youth and Gang Violence Prevention

## The City of Long Beach Human Dignity Program

562-570-6948 *phone* | dignity@longbeach.gov *email* www.dignity.longbeach.gov *web* | 562-570-6583 *fax* 

## **Project Proposal Form**

Full Name				
Organization				
Address				
City, State, Zip				
Phone		Best time to reach:		
			O am	O pm
Cell		Best time to reach:	O am	O pm
Email				•
Fax				
Name of Project				
Project Description				
Project Date(s) /				
Deadline / Delivery				
Time			O am	O pm
Location				
Project Objectives / Goals	1.			
	2.			
	3.			
The Need the Project				
Fills				
Estimated Budget / Projected Expenses				
	T			
Intended Audience (#, age, background,				
etc.)				
Key Players who will	Name	Role		
help with the project				
(can include yourself)				
Human Dignity		Presenter O Marke	eting	
Role(s)	O Partner (describe what that entails):			
	O Other (describe):			

Please write in detail on the opposite side of this page what particular support you expect you will need from the City of Long Beach. (over >>>)

## Please write in detail what particular support you expect you will need from the City of Long Beach.